

Screen	Section	Fields	Is Mandatory	Description
Program	Program Information	Program Name	Yes	Name of the program
		Program Type		Type of the program
		Program Start Date	Yes	Start Date of the program
		Web Site Address		Address of the website
	Program Director	Last Name	Yes	Last name of the program director
		First Name	Yes	First name of the program director
		Work Phone	Yes	Work phone of the program director
		Fax		Fax number of the program director
		Mobile		Mobile number of the program director
		Email	Yes	Email address of the program director
		Address	Yes	Address of the program director
		Address 2		Address of the program director
		City	Yes	City of the program director
		State	Yes	State of the program director
	Program Director's Access	County	Yes	County of the program director
		Zip	Yes	Zip of the program director
User Name		Yes	User Name of the program director	
Password		Yes	Password of the program director	

Screen	Section	Fields	Is Mandatory	Description
Grant	Grant Information	Grant Number	Yes	Number of the grant
		Grant Name	Yes	Name of the grant
		Project Description	Yes	Description of the project of the grant
		Web site Address		Web site Address of the grant
		Organization Name		Organization Name of the grant
		Start Date	Yes	Start Date of the grant
		End Date		End date of the grant
		Please check if grant is 21st CCLC grant and PPICS reports needed		If the grant is funded by 21ST CCLC grant
	Grant Director Information	Same as Program Director		If the grant director is same as the program director
		Last Name	Yes	Last name of the grant director
		First Name	Yes	First name of the grant director
		Work Phone	Yes	Work phone of the rant director
		Fax		Fax number of the grant director
		Mobile		Mobile numbrer of the grant director
		Email	Yes	Email address of the grant director
		Address	Yes	Address of the grant director
		Address 2		Address of the grant director
		City	Yes	City of the grant director
		County		County of the grant director
	Funding Information	State	preselected	State of the grant director
		Zip	Yes	Zip code of the grant director
		Funder	Yes	Name of the funder of the grant
		Cohort		name of the cohort of the grant

Number of Years Funded
Funding Amount

Total number of years funded by the grant
Funding amount for each year

Screen	Section	Fields	Is Mandatory	Description	
Student - Personal tab	Personal Information	Student Last Name	Yes	Last name of the student	
		Student Middle Name		Middle name of the student	
		Student First Name	Yes	First name of the student	
		Date of Birth	Yes	Date of birth of the student	
		Age		Age of the student (calculated by system)	
		Gender	Yes	gGender of the student	
		Address 1		Address of the student	
		Address 2		Address of the student	
		City	Yes	City of the student	
		State		State of the student	
		Zip	Yes	Zip code of the student	
		County		County of the student	
		Phone Number		Phone number of the student	
		Alternate Phone		Alternate phone number of the student	
		Medical Conditions Disabled		Medical condition of the student If the student is disabled	
		Is this student Hispanic or Latino? (Yes / No / Unknown)	Yes	If the student is disabled Hispanic or Latino	
		Primary Language	Yes	The primary language of the student	
		Race	Yes	Race of the student	
		Registration Information	Registration Date	Yes	Registration Date of the student
			Student School	Yes	School of the student
			Grade	Yes	Grade level of the student
			State StudentID		State Student ID of the student
			District StudentID		District Student ID of the student
Referral Source			Referral Source of the student		
Education Program	Yes		Education Programs applicable for the student		
Student - Family tab	Parent/Guardian Information	Last Name	Yes	Last Name of the parent	
		First Name	Yes	First Name of the parent	
		Date of Birth		Date of Birth of the parent	
		Primary Parent		If the parent is the primary parent	
		Same as Student address		If the address of the parent and student is same	
		Lives with child		If the parent lives with the student	
		Address 1		Address of the parent	
		Address 2		Address of the parent	
		City		City of the parent	
		State		State of the parent	
		Zip		Zip code of the parent	
		Home Phone		Home Phone number of the parent	
		Work Phone		Work Phone number of the parent	
		Cell		Cell Phone number of the parent	

		Email		Email address of the parent
		Relationship		Relationship of the parent with student
		Marital Status		Marital Status of the parent
		Employment		Employment status of the parent
		Occupation		Occupation of the parent
		Highest Level of Education		Education of parent
		Primary Language		Primary Language of the parent
		Was Teen Parent? (Yes / No)		If the parent was a teenager
	Emergency Contact Information	Last Name	Yes	Last Name of the emergency contact person
		First Name	Yes	First Name of the emergency contact person
		Address 1		Address of the emergency contact person
		Address 2		Address of the emergency contact person
		City		City of the emergency contact person
		State		State of the emergency contact person
		Zip		Zip code of the emergency contact person
		Home Phone		Home Phone number of the emergency contact person
		Work Phone		Work Phone number of the emergency contact person
		Mobile		Mobile Phone number of the emergency contact person
		Email		Email address of the emergency contact person
		Relationship		Relationship of the emergency contact person with student
Student - Child tab (only in APP)	Child Information	Last Name	Yes	Last name of the child of the participant
		Middle Name		Middle name of the child of the participant
		First Name	Yes	First name of the child of the participant
		Date of Birth	Yes	Date of Birth of the child of the participant
		Gender		Gender of the child of the participant
		Birth Weight		Weight of the child at the time of birth
		Does child have a medical home? (Yes / No)	Yes	If the child has a medical home.
		Name of Practice/Clinic Insurance (Medicaid / Private Insurance / None)	Yes	Name of the associated clinic
		Child Medicaid ID		Insurance type of the child of the participant
		Childcare arrangements		Medicaid ID of the child of the participant
	Pregnancy Information	Stage of Pregnancy when the child was born		Details of the Childcare arrangements
		Child's Health Problem		Stage of Pregnancy when the child was born
		Did your baby spent more than 2 days in hospital just after birth (NICU)? (Yes / No)		If the child has any health problem.
Student - Home Visits tab (only in APP)	Student Information	Date	Yes	If the baby has spent more than 2 days in hospital just after birth
		Start Time and End Time	Yes	Date of Home Visit
		Location		Time of home visit
		Child Present (Yes / No / Pregnant)		Location of home visit

	Is Transportation provided? (Yes / No)	
Curricula	Yes	If transportation was provided to participant Option to record the Curricula for the home visit
Objective	Yes	Option to record the Objective for the home visit
Goal Review	Yes	Option to define if Goal Review is completed or not
Birth Control Method	Yes	Option to record the Birth Control Method(s)
Agency Staff /Partner		Option to link service provider / partner with the home visit Option record the number of additional individuals for the home visit
Other Individuals		Provides the list of sessions where the participant is enrolled, number of days attended by the participant and percentage of attendance

Student - Enrollment

Screen	Section	Fields	Is Mandatory	Description
Agency	Agency Information	Agency Name	Yes	Name of the agency
		Agency Type	Yes	Type of the agency
		Program Name	Yes	Name of the program
		Start Date	Yes	Start date of the agency
		Proposed # of students		Proposed number of student for the agency
		Proposed # of adults		Proposed number of adult participant for the agency
		# of students in previous program		Number of students of the agency in previous program
		# of adults in previous program		Number of adult participant of the agency in previous fiscal year
	Physical Address	Yes	Address of the agency	
	Mailing Address	Yes	Mailing address of the agency	
	Agency Coordinator	Yes	Agency coordinator details of the agency	
	Agency Coordinator's Access	Yes	Username and Password of the agency coordinator of the agency	

Screen	Section	Fields	Is Mandatory	Description
School District	School District Information	District	Yes	Name of the school district
		District Code		Code of the school district
		Job Title		Job title of the school district
		Total Student		Number of total students in the school district
		As On		Number of total students in the school district as on the date
	District Coordinator Information	Last Name		Last Name of the district coordinator
		First Name		First Name of the district coordinator
		Address		Address of the district coordinator
		Address 2		Address of the district coordinator
		City		City of the district coordinator
		State		State of the district coordinator
		County		County of the district coordinator
		Zip		Zip code of the district coordinator
		Phone		Phone number of the district coordinator
		Fax		Fax of the district coordinator

Mobile
Email

Mobile phone number of the district coordinator
Email address of the district coordinator

Screen	Section	Fields	Is Mandatory	Description
Feeder School	Feeder Information	School/Organization	Yes	Name of the school
		School District	Yes	School district of the school
		School Code	Yes	School code of the school
		NCES_ID		N/A
		It's a Low Performing School		If the school is a low performing school
		It's a private school		If the school is a private school.
		Is Previously Funded		If the school is previously funded
		Is Title 1 School		N/A
		Grades Served	Yes	Grade levels served by the school
		School Type		Type of the school (Elementary / Middle / High)
	Campus Address	Address 1	Yes	Address of the school
		Address 2		Address of the school
		County	Yes	County of the school
		City	Yes	City of the school
		State	Yes	State of the school
		Zip	Yes	Zip code of the school
		Principal Information	Last Name	Yes
	First Name		Yes	First name of the principal of the school
	Work Phone		Yes	Work phone of the principal of the school
	Fax			Fax of the principal of the school
	Mobile			Mobile of the principal of the school
	Email			Email of the principal of the school
	Is Address same as campus address			If the address of principal is same as campus address
Demographics By Grade Level		Proposed number of students by grade level and Free/reduced lunch percentage		
Demographics By Race		Proposed number of students by race and ethnicity		
Other Demographic Information	Students who have special education needs		Proposed number of students with special education needs	
	Students who are eligible for free/reduced lunch		Proposed number of students who are eligible for free/reduced lunch	
	Students who are considered LEP		Proposed number of students with limited english profeciency	

Screen	Section	Fields	Is Mandatory	Description
Session	Session	Session Type	Yes	Type of the session
		Date	Yes	Scheduled date of the session
		Start Time	Yes	Start time of the session
		End Time	Yes	End time of the session
		Sub-Session Type		Sub-Session Type of the session
		Location		Location of the session
	Topics		Option to record the Topics for the session	
	Objective		Option to record the Objectives for the session	

Agency Staff /Partner

Enrollment

Yes

Option to link service provider / partner with the session
Option to set enrollment option of the session (By Grade Level/By Group)

Screen	Section	Fields	Is Mandatory	Description
Groups		Group Name Group Leader Fiscal Year Display Order	Yes	Name o the group Staff associated as the group leader of the group Fiscal Year of the group The display order of the group
Curricula		Curriculum Display Order Module	Yes Yes	Name of the Curriculum The display order of the Curriculum Add/edit the modules under the Curriculum
Topics		Topic Display Order	Yes Yes	Name of the Topic Display Order of the Topics
Goal Indicators		Goal Indicator Display Order	Yes Yes	Name/description of the goal indicater of the selected Goal Display Order of the Goal Indicator